



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**ADMISSION/ANNUAL HISTORY AND PHYSICAL
AT THE FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy #: MSH FMHF-10

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- I. PURPOSE:** To provide guidelines for assessing patients' medical needs while they are at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF).
- II. POLICY:**
 - A. A comprehensive medical history and physical health assessment will be completed for each patient admitted to the MSH FMHF. For patients who remain at the facility for extended periods, a physical health examination will be repeated at least annually, determined by the patient's date of admission.
 - B. Significant findings from the history and physical assessment will be incorporated into the treatment planning process.
 - C. All Admission/Annual History and Physicals become a permanent part of the medical record.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Licensed Independent Practitioners (LIPs) are responsible for completing history and physical health assessments and reports of the assessments according to policy.
 - B. The Health Information Department is responsible for tracking when the annual history and physical health assessment is due and notifying the Medical Clinic and the Medical Staff.
- V. PROCEDURE:**
 - A. Admission History and Physical:
 - 1. The Admission History and Physical includes a medical history and physical examination performed by a primary care LIP within forty-eight (48) hours of admission.

2. If a patient's psychiatric illness acuity prevents completing a full history and physical, an evaluation will be done from the available records, accompanying information and observations. The psychiatric LIP will request a follow up evaluation if indicated.
3. The Medical History will include:
 - a. History of present illness.
 - b. Medical history;
 - c. Medications and allergies;
 - d. Social history including;
 - e. Habits including the uses of caffeine, tobacco, alcohol, and/or street drugs.
 - f. Family History;
 - g. Review of systems.
4. The Physical Examination will be a complete head-to-toe assessment including a neurological examination. See the attached format (Attachment A) for the Physical Examination.
5. Documentation of the Admission History and Physical will conclude with diagnoses and plan.

B. Annual History and Physical:

1. Every long-term patient will be scheduled for a complete history and physical at least annually based on the patient's date of admission.
2. If the patient repeatedly refuses to cooperate, a limited evaluation will be done using information in the medical record, communication with staff, and those examination procedures which can be completed.
3. The annual history and physical will be done in the same format as the Admission History and Physical focusing on, but not limited to:
 - a. Review of medical history over the past year;
 - b. Review of systems;
 - c. Physical examination; and
 - d. Treatment planning related to physical health deficits and/or maintenance needs.

C. Laboratory and Diagnostic Services

1. The physical health examination process may result in the need for laboratory and other invasive diagnostic and imaging procedures for baseline purposes or

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Admission/Annual History and Physical at the Forensic Mental Health Facility

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in response to specific findings. The primary care LIP will order tests in accordance with the standard of care or clinical need.

D. Documentation

1. All history and physical examinations are documented and become a permanent part of the patient's medical record.
2. Ongoing medical treatment issues will be documented in the Consultation section of the medical file. Orders and instructions for follow-up will be written on the Physician Order Sheets.

VI. REFERENCES: Administrative Rule of Montana 37.106.1915 and 37.106.1621.; MCA § 53-21-162.

VII. COLLABORATED WITH: Medical Clinic LIPs, Medical Director, Hospital Administrator, Forensic Psychiatrist, Clinical Services Director, and Director of Health Information.

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Medical Director

XII. ATTACHMENTS:

- A. Admission History and Physical template
- B. Annual History and Physical template

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

**MONTANA STATE HOSPITAL
ADMISSION HISTORY & PHYSICAL**

(Date here)

MSH#:

Date of Admission:

Date of Evaluation:

Chief Complaint:

- 1.
- 2.

History of Present Illness:

Medical History:

Hospitalizations: Past Psychiatric History: Past Medical History: Past Surgical History:

Medications:

Psychiatric:

Medical:

Allergies:

Family History:

Social History:

Habits:

Systems Review:

HEENT:

CVR:

GI:

GU:

MS:

NEURO:

PHYSICAL EXAMINATION

Temperature:

B/P:

Height:

Pulse:

O₂ sat % on room air.

Weight: lbs.

Respirations:

General:

HEENT:

CVR:

Abdomen:

Physical Examination ~ Page

Breast/Pelvic:

Rectal:

Back:

Extremities:

Neurologic:

Cranial nerves:

Motor:

Sensory:

Cerebellar:

Gait/Station:

Reflexes:

Data: Lab

Diagnoses:

Primary:

2.

3.

Plan:

XXXXXX XXXXXX MD
Staff Physician
Montana State Hospital

Date/Time

R:

T:

MONTANA STATE HOSPITAL
ANNUAL HISTORY & PHYSICAL
(Date here)

MSH#:

Date of Admission:

Date of Evaluation:

Chief Complaint:

- 1.
- 2.

History of Present Illness:

MEDICAL HISTORY: Hospitalizations: Past Psychiatric History: Past Medical History: Surgery:

Medications: Psychiatric: Medical:

Allergies:

Family History:

Social History:

Habits:

Review of Systems:

HEENT:

CVR:

GI:

GU:

NEURO:

PHYSICAL EXAMINATION

Temperature:

B/P:

O2 SAT: 9

Pulse:

Height:

Respirations:

Weight:

General:

HEENT:

CVR:

GI:

GU:

Back:

Extremities:

Neurological:

Page Annual Physical Examination:

Cranial nerves:

Motor:

Sensory:

Cerebellar:

Gait/Station: Romberg:

Reflex:

DATA: Lab

Diagnoses:

Primary:

2.

3.

Plan:

Submitted by,

XXXXX XXXXX, MD
Staff Physician
Montana State Hospital

Date/Time

R:

T: